

Outpatient Drug Free

## Discharge Summary

(Must be completed within 30 days of the last face-to-face session.)

Client Name: \_\_\_\_\_  
Client Identification #: \_\_\_\_\_  
Admission Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_  
Last Face-to-Face Session: \_\_\_\_\_

Client's Discharge Plan:

---

---

---

Reason for Discharge:

---

---

---

Client Prognosis:

---

---

---

Was the client advised of their Title 22 Fair Hearing Rights if the discharge was involuntary? Check one:  
? Yes      ? No    [Title 22, CCR, Section 51341.1 (p)]

### Narrative Summary of Treatment Episode

(Summarizes presenting problem, treatment provided, and final outcomes) The narrative summary **MUST include** :

Current Drug Usage	Legal Status/ Criminal Activity	Vocational/Educational Achievements	Living Situation	Referrals
--------------------	---------------------------------	-------------------------------------	------------------	-----------

All of these 5 components MUST BE ADDRESSED. If not, the discharge summary is DEFICIENT under the Alcohol and Drug Treatment Certification Standards. If a component is Not Applicable list it and state the component is not applicable. If this space is insufficient for your summary, please continue documenting on the back of the page.

---

---

---

Client Comments:

---

---

---

Completed by: (signature)	Signature Date:

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements necessary for documentation under Title 22, California Code of Regulations, Section 51341.1(h)(5)(A). This form also includes requirements of the California Standards for Drug Treatment Programs (Revised September 1982); and Alcohol and/or Other Drug Program Certification Standards (March 15, 2004). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this document or result in not fully meeting the requirements of the regulations.

Completed by (print):

Disclaimer: The use of this form is not required by the State of California, Department of Alcohol and Drug Programs. This is a tool for Drug Medi-Cal providers, which meets the specific requirements necessary for documentation under Title 22, California Code of Regulations, Section 51341.1(h)(5)(A). This form also includes requirements of the California Standards for Drug Treatment Programs (Revised September 1982); and Alcohol and/or Other Drug Program Certification Standards (March 15, 2004). Clinical and/or program information may be added to this form; however, we caution you to consider whether those additions would conflict with the basic requirements contained within this document or result in not fully meeting the requirements of the regulations.